

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

08/836455

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3	1						53		1				
4		1					54		1				
5		1					55		1				
6	1						56		1				
7		1					57		1				
8		1					58		1				
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14	1						64						
15	1						65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38	1	1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	6						TOTAL IND.	6					
TOTAL DEP.		52					TOTAL DEP.		52				
TOTAL CLAIMS							TOTAL CLAIMS	58					